SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use seperate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

| 17 | 18 | 19a | 19b |
| 20a | 20b | 20c | X 21 |

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NAME OF COMMITTEE (In Full)
Don Payne for Congress

A.

Full Name (Last, First, Middle Initial)
Michelinos Restaurant

Mailing Address   169 Washington Ave

City   State   Zip Code
Elizabeth   NJ   07202-3419

Purpose of Disbursement
REFRESHMENTS FOR ELIZABETH DARFUR E

Candidate Name

Category/Type

Office Sought: ☐ House   Disbursement For: 2006
               ☐ Senate   X Primary ☐ General
               ☐ President   ☐ Other (specify) ▼
State: District:

Transaction ID: 50715.E3668
Date of Disbursement
M M / D D / Y Y Y Y
0 6 / 0 7 / 2 0 0 5

Amount of Each Disbursement this Period
272.00

☐ Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Les Miller for Congress

Mailing Address   2109 E Palm Ave

City   State   Zip Code
Tampa   FL   33605-3931

Purpose of Disbursement
CAMPAIGN CONTRIBUTION--11TH D-FL

Candidate Name

Category/Type

Office Sought: ☐ House   Disbursement For: 2006
               ☐ Senate   X Primary ☐ General
               ☐ President   ☐ Other (specify) ▼
State: District:

Transaction ID: 50715.E3669
Date of Disbursement
M M / D D / Y Y Y Y
0 6 / 0 9 / 2 0 0 5

Amount of Each Disbursement this Period
1000.00

☐ Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Campaign contribution--11-th D-FL

C.

Full Name (Last, First, Middle Initial)
Joe Courtney for Congress

Mailing Address   PO Box 1372

City   State   Zip Code
Vernon Rockville   CT   06066-7372

Purpose of Disbursement
CAMPAIGN CONTRIBUTION-2ND D CT

Candidate Name

Category/Type

Office Sought: ☐ House   Disbursement For: 2006
               ☐ Senate   X Primary ☐ General
               ☐ President   ☐ Other (specify) ▼
State: District:

Transaction ID: 50715.E3670
Date of Disbursement
M M / D D / Y Y Y Y
0 6 / 2 1 / 2 0 0 5

Amount of Each Disbursement this Period
1000.00

☐ Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .... ▶   2272.00

TOTAL This Period (last page this line number only) .... ▶

FEC **Schedule B (Form 3)** Rev. 02/2003